Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000124941 3)))



H180001249413ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number: I20110000092

: (305)448-9584

Fax Number

: (305) 448-9569

\*\*Enter the omail address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LAIH CO.

Certificate of Status 0 Certified Copy 06 Page Count Estimated Charge \$35.00



Electronic Filing Menu

Corporate Filing Menu

T. LEMSEUX

04/20/18

20/2018	11:33 3	305 448 9569	1	, a nssuc	10.003	
			* *	B Soda Soda		
	Ę.			,,,		
	:		i I	Ì		
			COVER LETTE	2		
	:_		COVERED !	2		
	ndment Sect tion of Corp		ĺ		•	
DIVIS	ROII OF COLD	OTATIONS				
NANE O	E GADBA	RATION: LAIH CO.				
NAMEO	r CORPO	P100/0001040				
DOCUM	ENT NUMI	BER:				
The enclos	sed <i>Articles</i>	of Amendment and fee are sub	omitted for filing.			
			_	Ì		
Picase ren	um ali cotte	spondence concerning this mate	ter to the following:			
		RASIIID AGHA			•	
			Name of Contact Pe	rson		-
		LAIH CO.				
			Firm/ Company			_
		6664 NW 15TH AVE	Tank Campa-y	l.		
			Address	<u> </u>		-
		MIAME & 22147	Vagiess		•	
		MIAMI, FL 33147	50 / 50 1 1 7 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>		<b>-</b> .
			City/ State and Zip (	ode		
			,			
	<del></del>	E-mail address: (to be us	ed for future annual rep	ort notificati	on)	
For furthe	er informatio	on concerning this matter, pleas	se call:			
			205	219	2002	
RASHID			at (	218-		
	Name	of Contact Person	Area	Code & Day	rtime Telephone Numb	er
Enclosed	is a check t	or the following amount made	payable to the Florida I	Department o	FState:	
<b>-</b>			Meso senii s		ea em E	
<b>■</b> \$35 }	Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy		50 Filing Fee ficate of Status	
			(Additional copy is	Cent	fied Copy	
			enclosed)		litional Copy	
				15 C	closed)	
		ailing Address	<u>St</u>	reet Address		
		nendment Section		nendment Sec vision of Cor		
		vision of Corporations  O. Box 6327		rision of Cor iston Building	1	
		llahassee, FL 32314			Center Circle	
				Ilahassee, FL		
					1	

Articles of Amer	ndment				
Articles of Incorp	oration				
of .					
LATH CO.	,		·		
(Name of Corporation 28 currently fi	led with the F	lorida Dept.	of State)		
P18000001948					
(Document Number of Co	prporation (if I	unown)	<del></del>	<del></del>	
D					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Proju Co	proration 800	pts the tottowin	g amendn	nent(s) to
A. If amending name, enter the new name of the corporation:	,		•		
_				The ne	···
nume must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered." "professional association," or the abbreviation "P.A.	". A professi	or "incorpor onal corporat	ated" or the a ion name must	bhreviuti	on
word charleted projessional association, or the above viation 1.2	*· \ .				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>,  </u>			·	-
		<del> </del>			-
					_
C. Enter new mailing address, if applicable:					
(Muiling address MAY BE A POST OFFICE BOX)		<del></del>			-
•		<u> </u>			_
					_
D. If amending the registered agent and/or registered office address	<u>s in Florida, e</u>	enter the name	e of the		
new registered agent and/or the new registered office address:					
Name of New Registered Agent	_ <del></del>		· · · · · · · · · · · · · · · · · · ·		
· (Florida street	address)			_	
New Registered Office Address:			Florida		
	ity)		(Zip	Code)	_
				图	-
			D	*PR	
New Registered Agent's Signature, if changing Registered Agent:			7.7	<b>~</b> 3	
I hereby accept the appointment as registered agent. I am familiar wit	n and accept t	the obligations	of the position.	20	e de la company
				$\triangleright$	
•			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ 🛱	٠
Signature of New Reg	sistered Agent	if changing		_ ~	
			्राष्ट्र इ.स.	Û	
	Ì		••		

address of each Officer a (Attach additional sheets, Please note the officer/din P = President; V = Vice Executive Officer: CFO = held. President, Treasurer Changes should be noted	ind/or Di if necessa ector title President; Chief F Directo in the fol wes the co	irector be ary) to by the fir T= Trea inancial to ir would b lowing mo proration	ing added: sst letter of the surer: S- Sec Officer. If an e PTD. unner. Currer s, Sally Smith	e office title: cretary; D= Dire officer/director ntly John Doe is	ctor; TR= 7 holds more listed as the	director being removed and title, name, and frustee; C - Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change.
Example:						
X Change	<u>PT</u>	John Do	<u> </u>			
X Remove	<u>v</u>	Mike Joi				
X Add	<u>sv</u>	Sally Sn	<u>úth</u>			
Type of Action (Check One)	Title		Name			<u>Addres</u> s
1) Change	VÞ		SAMI A. JA	MHOUR		6664 NW 15TH AVE
Add		_				MIAMI, FL 33147
Remove						
2) Change	·,	_				
Add						
Remove						
3)Change		<del></del>	<del></del>	·	<u> </u>	
Add						
Remove						<u> </u>
4) Change		<del>-</del> .				
Add						
Remove						
5) Change		-			<u> </u>	
Add						
Remove						
6) Change						
Add		<del></del>				
Remove						

amending or adding additional Articles, enter ch tach udditional sheets, if necessary). (Be specific	-)	, ,		
each additional sheets, y necessary). (Be specific	<del>y</del>			
	<del></del>	<u> </u>		<u></u>
·				
			······································	
<u> </u>	<del></del>	<u> </u>		<u> </u>
		<u> </u>		
	<u> </u>	<u> </u>		
		<u> </u>		
		<del></del> -		<u> </u>
·				
· · · · · · · · · · · · · · · · · · ·			-	
		<u> </u>		
•				
		<u> </u>		
	· ·			
		→	<del>                                     </del>	
		<u> </u>	<u> </u>	
·				
an amendment provides for an exchange, reclass provisions for implementing the amendment if n	sification, or car	cellation of	issued shares,	
(if not applicable, indicate N/A)	or contamed in th	HE MIREDOMIC	it itseii.	
	·			
			<del> </del>	
				<del></del>
			1	
		]	1	

	· · ·
04/20/2018	
The date of each amendment(s) adoption:date this document was signed.	if other than th
Effective date if applicable:	
(no more than 90 days a	ifier amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	aturory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	
"The number of votes east for the amendment(s) was/were suffic	ient for approval
by(voting group)	·
The amendment(s) was/were adopted by the board of directors without action was not required.	t shareholder action and Sharcholder
The amendment(s) was/were adopted by the incorporators without shat action was not required.	reholder action and shareholder
04/20/2018 Dated	
Signature Hershied agher	
(By a director, president or other officer - if selected, by an incorporator - if in the hands	
appointed fiduciary by that fiduciary)	3 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
RASHID AGHA	
(Typed or printed name o	of person signing)
PRESIDENT	
(Title of person	on signing)
	·
	;